



State of Rhode Island
Department of State - Business Services Division

FEB 06 2024

1389

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 295063		2. Exact name of the Corporation Cumberland Commerce Center Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To govern and manage the ownership and management of said condo property.			
4. NAICS Code 813990					
6. Principal Office Address 1300 Highland Corporate Drive, Suite 202			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott A. Gibbs			Vice-President Name none		
Street Address 1300 Highland Corporate Drive, Suite 202			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name James J. Belliveau			Treasurer Name Scott A. Gibbs		
Street Address 450 Veterans Memorial Pkwy, Ste 7A			Street Address 1300 Highland Corporate Dr, Ste 202		
City East Providence	State RI	Zip 02914	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott A. Gibbs			Director Name James J. Belliveau		
Street Address 1300 Highland Corporate Drive, Suite 202			Street Address 450 Veterans Memorial Pkwy, Ste 7A		
City Cumberland	State RI	Zip 02864	City East Providence	State RI	Zip 02914
Director Name Edward Butler			Director Name		
Street Address One Capital Hill			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Scott A. Gibbs				Date 1/26/24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov